



McLean County Health Department  
200 W. Front Street  
Bloomington, IL 61701



Phone: (309) 888-5450

www.mcleancountyil.gov/health

Fax: (309)452-8479

## Medical Reserve Corps Application

### Background Information

Last Name		First Name		Middle Initial
Address		City		State & Zip
Home Phone Number (   )		Work / Cell Phone Number (   )		Fax Number (   )
Email Address		Date of Birth / /		Social Security Number XXX - XX - _____
Employer		Job / Title		Drivers License Number
Do you have a medical license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number		Expiration Date / / State Issued
Do you have a health care professional license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Type		Expiration Date / / State Issued

### Additional Information

Has your drivers license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain in the provided space.	Are you licensed to operate a motor vehicle in the state of Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain in the provided space.	
Have you ever been convicted of a misdemeanor, including a DUI, that resulted in imprisonment in the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe...	

### Please provide the names and contact information of two personal references

Name	Name
Address	Address
City, State, and Zip	City, State, and Zip
Phone Number (   )	Phone Number (   )
Email Address	Email Address

## Please check those areas in which you are skilled

### MEDICAL

- ☐ Doctor Specialty: \_\_\_\_\_
- ☐ Nurse Specialty: \_\_\_\_\_
- ☐ Emergency Medical Professional:  
Type: \_\_\_\_\_
- ☐ Pharmacist
- ☐ Pharmacist Technician
- ☐ Veterinarian
- ☐ Veterinarian Technician
- ☐ First Aid (Card Expires: \_\_\_\_\_)
- ☐ CPR (Card Expires: \_\_\_\_\_)
- ☐ Triage

### COMMUNICATIONS

- ☐ CB or HAM Operator
- ☐ Hotline Operator
- ☐ Web Page Design

### LANGUAGES OTHER THAN ENGLISH

- ☐ Spanish
- ☐ French
- ☐ Sign Language
- ☐ Other: \_\_\_\_\_

### OFFICE SUPPORT

- ☐ Phone Receptionist
- ☐ Clerical - Filing, Copying
- ☐ Data Entry Software: \_\_\_\_\_
- ☐ Office Equipment (Computer, FAX)

### SERVICES

- ☐ Language Translation
- ☐ Food Preparation
- ☐ Elderly / Disabled Assistant
- ☐ Child Care
- ☐ Spiritual Counseling
- ☐ Social Work / Mental Health
- ☐ Search and Rescue
- ☐ Auto Repair/Towing
- ☐ Traffic Control
- ☐ Security
- ☐ Crowd Control
- ☐ Animal Rescue
- ☐ Animal Care
- ☐ Runner/Messenger
- ☐ Shelter Management
- ☐ Education
- ☐ Accounting/ Financial Consulting

### STRUCTURAL

- ☐ Damage Assessment
- ☐ Metal Construction
- ☐ Wood Construction
- ☐ Block Construction

Cert. # \_\_\_\_\_

- ☐ Plumbing

Cert. # \_\_\_\_\_

- ☐ Electrical

Cert. # \_\_\_\_\_

- ☐ Roofing

Cert. # \_\_\_\_\_

### TRANSPORTATION

- ☐ Mini-van
- ☐ Maxi-van, Capacity: \_\_\_\_\_
- ☐ ATV
- ☐ Own Off-Road Vehicle/4wd
- ☐ Own Truck  
Type: \_\_\_\_\_
- ☐ Own Boat, Capacity: \_\_\_\_\_  
Type: \_\_\_\_\_
- ☐ Snowmobile
- ☐ Commercial Driver: Class & License #:  
Class: \_\_\_\_\_ License # \_\_\_\_\_
- ☐ Camper/RV, Capacity & Type:  
Type: \_\_\_\_\_  
Capacity: \_\_\_\_\_

### LABOR

- ☐ Loading/Shipping
- ☐ Sorting/Packing
- ☐ Clean-up
- ☐ Operate Equipment

Types: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EQUIPMENT

- ☐ Heavy Equipment
- ☐ Chainsaw
- ☐ Generator
- ☐ Other: \_\_\_\_\_

### ADMINISTRATIVE

- ☐ Have Experience Supervising Others
- ☐ Organizational Skills

Do you have an amateur radio license?

☐ Yes ☐ No

If so please describe...

List emergency equipment you own:

☐ Search Lights ☐ Chain Saw ☐ Generator ☐ Ham Radio or CB ☐ Other \_\_\_\_\_

List additional skills and knowledge that you possess which would be of value in emergency situations.

Check the box that indicates how frequently you would like to volunteer.

☐ Occasionally ☐ Regularly ☐ Only in an emergency

Are you interested in attending trainings or participating in practice drills?  
(participation at a minimum number of trainings is required)

☐ Yes ☐ No

Immunizations Received:

☐ Tetanus (Date: \_\_\_\_\_) ☐ Smallpox (Date: \_\_\_\_\_) ☐ Anthrax (Date: \_\_\_\_\_) ☐ Other: \_\_\_\_\_

Do you have any special considerations or medical restrictions you want to tell us about?

## Applicant Verification and Oath Requirement

### Applicant Verification

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I have disclosed any felony convictions. I agree to a background check, verification of the statements contained herein and additional screening procedures. I understand this may include my educational background, refer
3. I hold this agency harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information t
4. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
5. I agree to respect the rights, property and confidentiality of emergency workers and individuals affected by disaster.
6. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize relief operations or procedures.
7. I agree to uphold the mission of the health agency in the event of a disaster.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### E.M.A. Oath Requirement

Each McLean County Health Department Medical Reserve Corps applicant is obligated to read and sign the oath of the McLean County Emergency Management Agency (E.M.A.). The purpose of such oath is designed to protect the integrity and

### Oath Required of E.M.A. Personnel

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend and bear true faith and allegiance to the constitution of the United States and the Constitution of the State of Illinois, and territory, i

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Date Accepted \_\_\_\_\_

E.M.A. Director \_\_\_\_\_  
Signature

Date Accepted \_\_\_\_\_

MRC Coordinator \_\_\_\_\_  
Signature